

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAH

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PARTI LOBBYIST				
NAME(L#SI)	(First)	(Middle)	TELEPHONE	
RAMSAY MAILING ADDRESS (Street)	Rick	•	202.778.3230	
MAILING ADDRESS (Street)			FAX	
601 Pennsylvar	ria Ave, NW Sui	H 400	24.778.8492	
	(====,		(Zip Code)	
washington	DC  If In only if you are employed by a business		20004	
EMPLOYING ORGANIZATION (FI	If In only if you are employed by a business	s entity which has been retained to	DIODDY) TELEPHONE	
Americas Hea	Ith Insurance	Plans	202.778.3200	2
	ria Ave. NW,		202.778.8493 (Zip Code)	2_
(City)	(State)	.3 <u>ua 12300</u>	(Zip Code)	
washington,	DC	20	0004	
PART II ORGANIZATIO	)N			
	U LOBBY FOR (Do not abbreviate)		TELEPHONE	
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601 Pennsylva Washington	ealth Insuran	SuiteSOO	202.778.320 FAX 202.778.8493 (Zip Code) 20004 IT TELEPHONE	<b>)</b>
601 Pennsylva (City) Washington NAME OF PERSON RESPONSIBLE	eauth Insuran  wia And NW (State)  DC  E FOR PREPARING ORGANIZATION'S	SuiteSOO	202.778.320 FAX 202.778.8493 (Zip Code) 20004 IT TELEPHONE	<b>)</b>
Washington NAME OF PERSON RESPONSIBLE RICK Roumson MAILING ADDRESS (Street)	eauth Insuran  Mia And NW (Glate)  DC  E FOR PREPARING ORGANIZATION'S	SWHESOD  SEXPENDITURES STATEMEN	202.778.320 FAX 202.778.8493 (Zip Code) 20004	<b>)</b>
Washington NAME OF PERSON RESPONSIBLE RICK Roumson MAILING ADDRESS (Street)	eauth Insuran  Mia And NW (Glate)  DC  E FOR PREPARING ORGANIZATION'S	SWHESOD  SEXPENDITURES STATEMEN	202.778.320  FAX  202.778.8493 (Zip Code)  20004 IT TELEPHONE  202.778.3236  FAX  202.778.844	) )
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PART IV CERTIFICATION OF LOBBYIST

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
Agr	iculture	: .	Education		Human Services		Science, Technology & Economic Development
	nmunications & blic Utilities	: •	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
	mmerce	:	Hawaiian Affairs	. :	Labor & Employment		Transportation
	ture, Arts, Historic servation		Health		Planning, Land & Water Use Management	:	Other: (Indicate below)
	ology, Energy vironmental Protection		Housing		Public Safety & Corrections		

hereby certify that the Information furnished above is, to the best of	of my knowledge, correct and complete.
6580 C	3/28/-5
(Signature of Lobbyist)	(Date)
PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZATION TO LOBBY	THORIZING OFFICER OR PERSON REPRESENTED
	HURIZING OFFICER OR PERSON REPRESENTED
JEFFREY L. GABAMOI S.V.	P STATE AFFAIRS
NAME OF ORGANIZATION (if applicable)	TELEPHONE
A.H.1.P	202778-3200
MAILING ADDRESS (Street)	FAX
601 PENNSMINANIA POENN SVITE ST	
(City) (State)	(Zip Code)
WASHINGTON DC	30004
I hereby authorize the above - pamed person to engage in lobbying	g activities on behalf of the undersigned.
m 20m	4-1-05
(Signature of Authorizing Officer or Person Represented)	(Date)